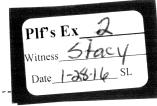
EXHIBIT G

		DETENTION				Facility Admiss	sion Report
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Booking # 2157711	·	<u>Jacket#</u> 153665	Detainee Name: \Alias:		ILLIAM DÄV	m. MeDica	1 File
			Birth Place: 1	15-54-7668 NY O BOX 3344	-	D	
				BOLDER		M 2 #	
			Zip Code: 8 Phone:			" US Citizen: ✓	
	4		Occupation:				F * 11 =_
			Sex: N Race: V	Vhite		Hair Color: BROWN Eye Color: BROWN	
WEINTE	RAUB, WILLIA	M DAVID	Height: (Weight (Ibs.): 2	80	IOTER	Complexion: FAIR Build: LARGE	
A runnili	og Anthoritor W	RISONER TRANS	Other Features: S	CAK K/KING FII	NGER Telephone Ca	NI NIO	
Ārres	sting Officer: P	TS	FORT SERVICE		Number Call	ed:	
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Boo	k Date/Time: 04 k Date/Time:	4/18/2014 11:31		. Co	unty of Char		
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Standard Medical/Mental Health Questions Name: WEINTRAUB, WILLIAM DAVID - (2157711) Date of Birth: 10/07/1966 Interviewer: EDGELL, W. DEWAYNE Date / Time: 04/18/2014 11:33 Yes No V : Do you have a Medical, Mental or Developmental Disability that needs attention? THYROID Are you currently taking any prescription medication(s)? LEVOTHIROXIM SODIUM Have you ever attempted suicide or self mutilation? Are you currently thinking about suicide or self mutilation? ¥. Have you been hospitalized for emotional problems with the last year? 1 V Have you recently ingested a dangerous level or drugs and/or alcohol? Have you ever experienced DT's or other withdrawals from drugs or alcohol? V Have you ever suffered a head trauma that required hospitalization? Do you have any food or medication allergies? V Have you experienced or do you now have a cough that has existed longer than 3 weeks? V Have you recently experienced a loss of appetite? 4 Have you recently experienced night sweats? V Have you recently experienced excessive fatigue? Have you recently or do you now have a fever? Have you lost 5 or more pounds in the last month? V Are you diabetic? Do you understand to receive medical care, a Sick Call Form must be completed? Do you understand to notify staff immediately if you need emergency medical care? Do you understand that Medical Care may be refused at any time by you? V Are you pregnant? Detanee's Signature Officer's Signature

MS

Narrative Progress Note ate's Name NEINTAUL, William ID Number

Date / Time	SOA	PLAN
4/24/14	I'm to medical do in	tense abdominal Pain
1600	lafter Passing gainston	e last night. 1/m do PM
		o has been baving nausea
	and vomiting. Stat	es he was vomiting blood,
		did Vonitafter Lunch,
	witnessed by RN.	VS 140/85-109-22. Appears
	in pain. Will notify	MO D. Bertel, RN
1730	Spoke & MD. Yn h	
	Onew Orders Da	will Beitel RN
late entry)		
1840	1/m to leave & PTS in	appox 1 hour. 1/m
Act Control of the Co	currently in cell, sel	if ambulation no clo
	NIV, no SIS of distre	85. Gave oncoming
	nurse report on 4	ns situation et upcoming
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		a colde No SIS Uf distress
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MO04

Revised: 11/2010 Revised: 07/2012

Protocol Medication Verification Form

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Detainee	Marne: V	Detainee Name: VCIII-11 (V) 1110 (V)		Date of Birth: (O 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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Water Team			THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AN	Peak Flow Results (If on inhaler):	· · ·
V A Selable		Temp	Pulse:	Resp: (Vitals if indicated)	4)
Rx Filled	Pills	: Medication M	Medication Medication Dose		
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Practitioner's Name.	er's Name.			Nurse/Officer's Name	2
Service of 1770	00/11	Received by:		Delivered by:	
Neviewed: 11/20	אלמזיג	Date:		Tata:	

Revised 12/2012.

Source Medical Advisory Board.

These protocols are designed to assist the substing of information to be communicated to the medical staff the standard of medical care and are not abanding orders. All treatments must be ordered and approved by a practitioner.

Date:

00-00a Medication Verification Form

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	ed: 4/2012	•				

04393

County Jail Sick Call Request Form

Date: 4 2114 Cell: 8184 10#: 205771)	
Inmate Name: William Weintrubboob. 10 17	66
Check Service Requested:	
Dentist () [] Prescription filled () Over the counter medication ()	
I wish to be seen at sick call because: (Please explain) 1075 08 Rain in Stomaun, Was on Ma)	<i>9</i> X
3x a Day Before PIC Med UP but L Subsided and Peturned PASY Few days	₹
Subsided and Peturned RASY FRW days	JVe
 No inmate will be denied medical care due to mability to pay or due to in funds in the inmate's account. 	sufficien
2. Fees will be collected only for services requested by the immate:	
 No inmate will be charged for medical services required by the County Ja intake screening). 	il (such a
4. All fees will be immediately deducted from the inmate's account. If there insufficient funds in the account the fees will be debited and the account we negative balance. Any money received by the immate (except bond money) first used to satisfy the immate's debt with the County Sheriff's Office beformoney can be used for commissary purchases.	rill show) will be
Signatures are required. This acknowledges charges of the above requests.	
Inmate signature: William Wenter	
Medical Staff signature: KUN SHAUJUR	
	-
Results of request:	
Amount Charged to Inmate's Account:	
Adopted 9/28/08 Revised: 11/2010	
MO59	

MEDICAL & MENTAL HEALTH ROUNDS OF DETAINEE IN SEGREGATION

INSTRUCTIONS: Check box to indicate type of round. Record data and time rounds were made. Put a check in the appropriate column(s). Record comments, if applicable,

-				MEDICAL ROUND	AL R	anno			MENTAL HEALTH ROUND
	DETAINE	DETAINEE LAST NAME	ME		-		FIRST	FIRST NAME, MI	ID NUMBER FACILITY
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4/24/14 730 Am Im refused knothyroxine 150 mcg
Refused to sign refusal — Rieach



A Higher Standard. Delivered.

Daviess County Detention Center 3337 Highway 60 East Owensboro KY 42303

Phone (270) 685.8466 *Fax (270) 685.8271

To: TIM	Edden	From: (Muy	
cc:		Phone:	
Fax: 270	781-9027	Date: 050114	
Re: Wli	ntraub	Pages: 10	
* Urgent	* For Your Records	* Per Your Request	* Please Reply